د.	PATENT APPLICATION PUE DETERMINATION RECORD Effective October 1, 2000 09/701586												in National Bases for
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SM		LENTITY OTHER THAN				
TO	OTAL CLAIMS						П	RATE	FEE	1	RATE	FEE	
FC)R		NUMBER	FILED	NUMBER EXTRA		ВА	SIT FEE		ОЯ	BASIC FEE	871	1986
TO	TAL CHARGEA	BLE CLAIMS	ninus 20=		12			(S 9=			X\$18=		
IN	DEPENDENT CL	AIMS	minus 3 =		•		-	X40=		OR			
MULTIPLE DEPENDENT CLAIM PRESENT							-	A408		OR	X80≈		
							Ŀ	135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL													
11	1405°	(Cotumn 1)	MENDED - PART II (Column 2)			(Column 3)	s	MALL (ENTITY	OR	OTHER SMALL I		
AMENDMENT A	7	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE	
	Total	.13	Minus	13	2		,	(\$ 9=			X\$18=		
AME	Independent	NTATION OF MI	Minus		5 :		7	(40=		OR	X80=.		•
<u> </u>	FINST PRESE	MIXION OF MI	ALTIPLE DEP	ENDEN	CLAIM		1	135=		OR	+270= -		
								YOYAL NT. FEE		ΛP.	YOTAL ADDIT, FEE		
		(Column 1)		(Colu		(Column 3)	, roc	**. FEE (ADDIT, FEET		
AMENOMENT B	:	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	· F	ATE	ADDI- T'ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 31	Minus	. 3	2		\(\)	\$ 9=		OR	X\$18=		
	Independent	-3	Minus	•••	3	<u> </u>		(40=		OR	X80-	· ·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													'
+135= OR +270=													
ADDIT FEE OR ADDIT FEE (Column 1) (Column 2) (Column 3)													
O	Tágati en la la	CLAIMS REMAINING	- PA	HIGS	ŒST		_		ADDI-	1		ADDI-	ł
AMENDMENT	estime :	AFTER AMENOMENT	29 463 0	PREVI	IBER OUSLY FOR	PRESENT EXTRA	f	RATE	TIONAL	OR	RATE	TIONAL FEE	
	Total		Minus	••			,	(\$ 9=			X\$18=		1
ME	independent	•	Minus ·	•••		=		K40=			X80=		1
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		 	1
•	II the entry m ccs.	rnn 1 es less than ti	ne eutry us com	ımn 2. wm	e "O" in re	skumn 3.	Ŀ	135=		OR	+270=		1
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3." ADDIT. FEE OR ADDIT. FEE												4	
	The Highest Nur	ntel Premously Pa	of For (Total o	r independ	deni) is th	e highest numbe	r lound	in the ap	propriate bo	X ED CC	olumn 1.		

FORM PTO-875 (Rev &:00)

Palent and Tratement Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number

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